Name			Federal E	Teleph	Telephone Number						
Mailing Address								Fax Number			
City State				Zip Code E			E-Mail Address				
Contact Person Title				Contac			ct Telephone Number				
Name used on original return, if different from above			Is the corporation currer by the Alaska Departme								
This application is to carry back:	_	<u> </u>					7	I	- 1		
2 Loop year		Year end					_				
2. Loss year	. <u>Ta</u>	FSN:	lea	DEP	DEPARTMENT USE ONLY FSN:			FSN:			
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
3r			eding tax ve		2nd preceding	- 0	1st preceding tax year				
Computation of Decrease			(a)		(b) (c)		(d) (e)		(f)		
in Tax			Before Carryback		Before Carryback	After Carryback		ryback	After Carryback		
Taxable income from tax return				•					,		
Net capital loss deduction											
Net capital loss deduction Subtract line 4 from line 3											
8. Income Tax											
9. Credits											
0. Other taxes											
Net income tax. Subtract line 9 from line											
and add line 10											
2. Net payments. (Total previous payments											
less total previous refunds, credits, pen	alties										
and interest)						_					
Enter amounts from line 11, columns (b),	,										
(d) and (f)						_					
4. Net Overpayment. Subtract line 13 from											
Total refund claimed I declare, under penalties of perjury, that I hand to the best of my knowledge and belief it.	have exan	nined this a	application complete. If	and accomp				DEPT	USEONLY		
preparer's declaration is based on all inform	nation of v	vhich prep	arer has k	nowledge.				52. 1			
Officer's Signature	Date		Title	Title					CFWD		
Preparer's Date			Check if Preparer's SSN or PTIN self-employed				N	REFUND			
Firm's name (or			EIN					APPROVED			
yours if self-employed) and address			Zin Co	Zip Code					DATE		

Form 04-611N (Rev 11/00)